

AFTER SCHOOL PROGRAM – REGISTRATION FORM

Please print legibly

1. Child's Name: _____ Gender Identity: _____

Date of Birth: _____ Age: _____ School: _____ Room: _____

2. Child's Name: _____ Gender Identity: _____

Date of Birth: _____ Age: _____ School: _____ Room: _____

Address: _____ City: _____ State: _____ Zip: _____

Parent/Guardian 1: _____ Legal Custody (circle): YES / NO / JOINT

Relationship to Child(ren): _____ Primary/Cell Phone #: _____

Secondary Phone: _____ Email: _____

Parent/Guardian 2: _____ Legal Custody (circle): YES / NO / JOINT

Relationship to Child(ren): _____ Primary/Cell Phone #: _____

Home Phone: _____ Work: _____ Email: _____

In Case of Emergency, contact:

Name: _____ Relationship to Child(ren): _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work: _____ Cell: _____

AUTHORIZED RELEASE: We do not release participants to friends, neighbors, or relatives without written confirmation from the parent/legal guardian. If parents are not available, please list any other adults authorized to pick-up child from DMG Recreation Center. Photo ID will be required.

Name _____ Relationship _____ Phone# _____

Name _____ Relationship _____ Phone# _____

Name _____ Relationship _____ Phone# _____

Name of any person(s) specifically **NOT** to sign out the child(ren) named above (additional documentation may be required):

HEALTH HISTORY

Note: Should anything happen to the participant that would alter his health history please notify the park office immediately.

1. Child's Name: _____

2. Child's Name: _____

Any special needs, allergies or medications? _____

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Parent/Guardian Signature: _____

Date: _____

LIABILITY WAIVER:

I hereby release the City of Los Angeles, its officers, agents and employees from any and all claims and causes of action which I may have or claim to have relating to my child’s participation in activities, which include but are not limited to: sports, games, swimming, use of play equipment and field trips. I acknowledge that there is a risk of bodily injury in all such activities. I also hereby give my consent to such participation. I understand that the City of Los Angeles, the Department of Recreation and Parks, their officers, agents and employees are not liable for any injury, loss or damage to property incurred during my child’s participation in the above described activities.

Parent/Guardian Signature: _____

CONSENT OF EMERGENCY MEDICAL TREATMENT

I hereby give consent to David M. Gonzales Recreation Center to obtain emergency medical or dental care prescribed by a duly licensed physician, osteopath, or dentist for my child. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being to my child.

Parent/Guardian Signature: _____

TRANSPORTATION POLICY:

I authorize the staff of David M. Gonzales Recreation Center to transport my child from school to the Recreation Center. I release the City of Los Angeles, its officers, agents, and employees from any and all claims and causes for action which I may have relating to the transportation of my child by van, bus, walking to a public after school facility or to a public recreation program such as a scheduled field trip. I also understand that staff cannot and will not transport my child between any other sites than the school, the center, and/or other scheduled field trips.

Parent/Guardian Signature: _____

PHOTOGRAPH/VIDEO RELEASE

I hereby give permission to the City of Los Angeles, Department of Recreation and Parks to photograph and/or videotape my child. The sole purpose of these photos and/or videos is for publication, advertisement, and exhibition of services offered by the City of Los Angeles, Department of Recreation and Parks.

Parent/Guardian Signature: _____

Please Initial Each Item and sign below.

1. _____ Every parent/guardian or designated person must sign the child in and out with their full signature each day. State law forbids any person to pick up a child unless their name is on the authorization list. Any person picking up your child must have I.D. available to present upon the request of staff and be listed on the child’s registration form.
2. _____ Fees for services are due in advance. If the fee is not paid on said agreed date, the staff has the right to refuse services for the child, without notice. No refunds unless a program is cancelled by the recreation center. No refunds for a child who is absent, sick, sent home early and/or suspended from the program.
3. _____ A child will be terminated from our program if there are severe and continuous violations of our class rules. The parent/guardian will be informed if and when these violations occur and measures will be taken to correct behavior. Termination occurs to ensure the safety of ALL students.
4. _____ DMG programs will be closed on all holidays observed by the City of Los Angeles. Advance notice will be given.
5. _____ Parents are to give prompt notice of any change of address and telephone numbers.
6. _____ Do not bring a child to a program with a CONTAGIOUS ILLNESS OR FEVER.
7. _____ Children must be picked up before 6:00pm or pay the fee of \$1 per minute.

THANK YOU AND WE LOOK FORWARD TO WORKING WITH YOUR FAMILY

I agree to all items listed above unless stated in writing.

Parent/Guardian Signature: _____ Date: _____